

2020 Dental Plan Rates Per Pay Period

	.8-1.0 FTE	.7-.79 FTE	.6-.69 FTE	.5-.59 FTE	.4-.49 FTE	COBRA Monthly
EE/Only	\$6.40	\$8.07	\$8.61	\$9.18	\$9.72	\$34.29
EE/Child(ren)	\$15.70	\$16.18	\$16.65	\$17.14	\$17.65	\$92.00
EE/Spouse	\$17.62	\$19.32	\$19.87	\$20.43	\$21.01	\$68.19
Family	\$33.70	\$35.38	\$35.93	\$36.49	\$37.04	\$132.43